

Evaluation Outline for Unemployment Compensation Claims Filed Under the Interstate Benefit Payment Plan



U.S. Department of Labor
Employment and Training Administration
1991

INTRODUCTION

The Interstate Benefit Payment Program operates under the Interstate Benefit Payment Plan, a voluntary agreement between the States, which provides a method for the payment of unemployment compensation benefits to those unemployed individuals who have been employed in covered employment and have unused wages or have valid claims on file and who otherwise may be deprived of benefits because of their absence from the State in which their employment and wages or benefit credits were accumulated.

Except for minor modifications, the program operated under the same procedures from 1950 thru March 1983. Effective April 1983, major changes were made to the interstate procedures in preparation for the implementation of the use of the Interstate Telecommunications Network (INTERNET) for transmitting claims and information pertaining to claims. A Sub-Committee of the Interstate Benefit Committee of ICESA and a workgroup of State and Federal technicians was convened to develop this review guide to provide a uniform monitoring instrument to the States in order for States to monitor the program in the same manner and thereby be able to provide uniform information upon which the Committee could base its deliberations.

This revision is to accommodate the forms revisions that have occurred since the original issuance.

AGENT OPERATIONS

To determine the quality of agent operation, a review of the following areas is suggested. States should select a sample in each area that is representative of the universe.

1. CLAIMSTAKING

- a. Initial claims (new). Review claims from a recent 3 month period to determine if claim forms were properly completed and all information provided as requested by the liable State.
- b. Initial claims (Add'l). Same as above.
- c. Initial claims (reopen/transfer). Same as above.
- d. Interstate Eligibility Review, Form IB-10 (filed with IB-1). Review forms to determine if forms were properly completed, potential issues identified and appropriate factfinding forwarded to the liable State.

2. FACTFINDING

- a. Claimant/Employer Separation Statement, Form IB-3. Review each form to determine if it was appropriately used according to the liable State's option; legibly completed and provided sufficient information concerning any possible issue, including interviewer comments, as appropriate; and, transmitted to the employer and liable State as required.
- b. Factfinding Report, Form IB-11S. Review forms to determine if the forms were properly completed and legible; provided sufficient information concerning the separation, including interviewer comments, as appropriate; and, if the quality of the information provided is affected by who completes the form.

3. BENEFITS RIGHTS INTERVIEW. Observe BRIs to determine if the appropriate instructions, explanations and forms were provided to the claimant.

4. ELIGIBILITY REVIEW PROGRAM

- a. Review the offices procedures for scheduling/making appointments, conducting ER interviews, and providing information, including failures to report to the liable State.
- b. Observe interviews to determine the adequacy of interviewer preparation and knowledge; proper completion of the forms, including the Form IB-10A, and whether all procedures were followed.

5. MONETARY REDETERMINATION

Review Request for Reconsideration, Form IB-14 to determine if the forms were properly completed and appropriate documentation and separation information provided when necessary.

6. APPEALS. Review Notice of Appeal, Form IB-101 to determine if they were properly completed and appropriately used.

INTERSTATE AGENT OPERATIONS PERFORMANCE SCORING

Performance Review Area	No. Cases Reviewed	No. Cases Inadequate	Column 3 as a percent of Column 2	Performance Score (100% minus Col.4)
(1)	(2)	(3)	(4)	(5)
<u>INITIAL CLAIMS</u>				
<u>Initial claims(New)</u>				
<u>Initial claims(add'l)</u>				
<u>Initial claims(reopen)</u>				
<u>Form IB-10 (with IB-1)</u>				
<u>TELECOMMUNICATION</u>				
<u>Initial claims, IB-1</u>				
<u>FACTFINDING</u>				
<u>Clt/Emp Sep. Form IB-3</u>				
<u>Sep. FF Report, IB-11S</u>				
<u>FF Report, IB-11</u>				
<u>BRI</u>				
<u>KLIG. REVIEW INTERVIEW</u>				
<u>Form IB-10</u>				
<u>Form IB-10A</u>				
<u>REDETERMINATION</u>				
<u>Form IB-14</u>				
<u>APPEALS</u>				
<u>IB-101</u>				

Scoring Symbols:

Y = Yes
 N = No
 I = Illegible
 C = Not completed
 NA = Not applicable

AGENT OPERATION - MANAGEMENT AND CONTROL

Date: _____

Local Office: _____

Reviewer: _____

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1. INTERSTATE HANDBOOKS:

a. Unemployment Compensation Claims Filed Under The Interstate Benefit Payment Plan - ET Handbook 392:

(1) Is there a control which indicates the number of the most recent handbook change filed in the Handbook? _____. If, "no", how does the office identify missing handbook transmittals _____

(2) How many Handbooks are available in the office? _____

(3) Do all Handbooks contain the most recent pages transmitted? _____

(4) Were all outdated pages removed from all Handbooks? _____

b. Handbook for Interstate Claimstaking:

(1) Is there a control which indicates the most recent transmittal filed in the Handbook? _____. If, "no", how does office identify missing transmittals? _____

(2) How many Handbooks are available in the office? _____

(3) Do all Handbooks contain the most recent pages transmitted? _____

(4) Were all outdated pages removed from all Handbooks? _____

c. Central Listing of Vessels:

Is the most recent issuance of the Maritime "Central Listing of Vessels" readily accessible to all Claimstakers? _____. If "no", how is State of Coverage for vessels obtained? _____

d. Handbook for Interstate Overpayment Recovery:

(1) Does the office maintain a Handbook to determine which States will assist with overpayment recovery and what documents need to be forwarded with assistance requests? Yes ___ No ___ If "No", does the State request assistance from other States? Yes ___ No ___ If "Yes", how are requests handled? _____

(2) Is there a control which indicates the most recent transmittal filed in the Handbook? Yes ___ No ___ If "No", how does State identify missing transmittals? _____

(3) How many Handbooks are available in the office? _____

(4) Do all Handbooks contain the most recent pages transmitted? _____

(5) Were all outdated pages removed from all Handbooks? _____

=====

AGENT OPERATION - MANAGEMENT AND CONTROL

Continuation

2. INTERSTATE FORMS

Complete the following to determine if all forms are current and readily available:

<u>Enter Date of Current Form from ET Handbook 392</u>	<u>Current?</u>		<u>Available?</u>	
	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
IB - 1 _____	_____	_____	_____	_____
IB - 2 _____	_____	_____	_____	_____
IB - 3 _____	_____	_____	_____	_____
IB - 7 _____	_____	_____	_____	_____
IB - 10 _____	_____	_____	_____	_____
IB - 10A _____	_____	_____	_____	_____
IB - 11 _____	_____	_____	_____	_____
IB - 11S _____	_____	_____	_____	_____
IB - 14 _____	_____	_____	_____	_____
IB - 16 _____	_____	_____	_____	_____
IB - 101 _____	_____	_____	_____	_____

3. INTERSTATE STAFF

- What is the approximate number of staff handling interstate claims? _____
- What is the average length of UI experience of staff person(s) responsible for taking interstate initial claims? _____
- What is the local office procedure for providing training to staff new to the interstate program? _____
- What is the local office procedure for providing on-going training to interstate staff? _____

4. FACTFINDING

- Is factfinding conducted and the documents completed by an individual who has received formal training in factfinding for all separation and/or nonseparation issues? (IB-3, IB-11 and IB-11S) ? _____

INTERSTATE INITIAL CLAIMS - BENEFITS RIGHTS INFORMATION
(Observe at Initial Claims Interview or Group BRI)

Local Office: _____

Date: _____

Reviewer: _____

=====										
(Enter SSA NUMBER)										

	1	2	3	4	5	6	7	8	9	10
=====										
BENEFITS RIGHTS INTERVIEW										
(Observation)										
1. Were the following forms given to the claimant?										
a. Form IB-7?										
b. Form IB-2 (2 with envelopes)?										
2. Were verbal or written instructions given to the claimant re:										
a. Form IB-7?										
b. Form IB-2?										
3. Was the relationship between the agent and liable State explained?										
4. Were services available through the agent local office explained?										
5. Were Job Service registration and reporting explained?										
6. Was claimant's responsibility to comply with agent reporting instructions explained?										
7. Were the eligibility review process and interview scheduling procedures explained?										
8. Was claimant advised of need to follow liable State instructions?										
=====										

INITIAL CLAIMS - BRI COMMENTS SHEET

Local Office: _____

Date: _____

Reviewer _____

=====

1. SSA - - Name _____:

2. SSA - - Name _____:

3. SSA - - Name _____:

4. SSA - - Name _____:

5. SSA - - Name _____:

Date: _____

Reviewer: _____

(Enter name of liable State)

- a. If item 8 was answered "Yes", was appropriate information provided in "remarks"?
- b. If item 9 was answered "Yes" or "No" in an asterisked box, was sufficient Alien registration documentation provided, including information to determine if claimant had permission to work during base period and thereafter?
- c. If item 10 was answered "Yes", was factfinding provided?
- d. If item 11 was answered "Yes", was factfinding provided?
- e. If item 12 was answered "Yes", was the information required by the IB Handbook provided?

ANALYSIS OF INTERSTATE INITIAL CLAIMS
(Exclude additional and reopen claims)
FORM IB-1

Continuation

	1	2	3	4	5	6	7	8	9	10
9. <u>Claimant Entitlement (Items 8,9,10, 11,12,14 cont'd)</u>										
f. If item 14 was marked "Yes", was City, County and State provided?										
10. <u>Work Record: (Item 15)</u>										
a. Does the work history provided cover the past 24 month period as requested?										
b. Were all items for each employer complete?										
c. Were all items for each employer legible?										
d. Does the employment history support the entry(s) in item K?										
e. For last employer, was an IB-3 or IB-11S completed and mailed according to the liable State's Option?										
f. Was an IB-11S completed for all separations as required by the liable State?										
g. If there is a separation issue shown in item 15, is item I marked "Yes"?										
11. <u>CLAIMSTAKING: (Items 17,18,19,20,K)</u>										
a. If claimant's work history indicated employment in more than one State, was item 18 answered?										
(1) If "Yes", was item K "CWC" checked as appropriate?										
(2) If item 18 was answered "No", was the IB-1 annotated that the claimant rejected a CWC claim?										
b. If item 19 was answered "No", was "UCFE" checked in item K?										
(1) Was Form ES 935 completed and attached to IB-1?										
c. Was Item 17 signed by claimant?										
d. Was Item 20 signed by claimstaker?										
12. <u>TELECOMMUNICATION:</u>										
a. Is the telecommunication date (shown at bottom of IB-1, page 1) the same as date in Item A?										

**ANALYSIS OF INTERSTATE INITIAL CLAIMS
ADDITIONAL CLAIMS ONLY**

Date: _____

Local Office: _____

Reviewer: _____

=====										
(Enter name & social security no.)										
=====										
(Enter name of liable State)										
=====										
	1	2	3	4	5	6	7	8	9	10
=====										
1.	Was social security number verified?									
2.	a. Is mailing address shown in item 2 a P.O. box number?									
	b. If "yes", was a residence shown in "remarks"?									
3.	Was appropriate information entered in Item 8?									
4.	In Item C, does liable State name and FIPS Code agree?									
5.	Does residence State name and FIPS Code in Item E agree with Item 3?									
6.	Does the effective date shown in Item B reflect the information in Items A and/or D?									
7.	If the "Reason for backdating" shown in Item D is a Code 6, was an explanation provided?									
8.	If Item I indicate "Yes", was an IB-3, IB-11S or IB-11 completed and attached to the IB-1?									
=====										
9.	<u>Work Record: (Item 15)</u>									
	a. Does the work history provided cover the period since the "last claim filed" (Item 8)?									
	b. Were all items for each employer complete?									
	c. Were all items for each employer legible?									
	d. For last employer, was an IB-3 or IB-11S completed and mailed according to the liable State's Option?									
	e. Was an IB-11S completed for all other separations as required by the liable State?									
	f. If there is a separation issue shown in item 15, is Item I marked "Yes"?									
=====										

ANALYSIS OF INTERSTATE INITIAL CLAIMS
 ADDITIONAL CLAIMS ONLY
 (Exclude new and reopen claims)
 FORM IB-1

Continuation - Page 3

	1	2	3	4	5	6	7	8	9	10
=====	==	==	==	==	==	==	==	==	==	==
=====	==	==	==	==	==	==	==	==	==	==
10. CLAIMSTAKING: (Items 8,16,17,20 and I)										
a. Was required information shown in Item 8?										
b. If the response to any item indicated an issue, was item I properly coded and the issue explained on an IB-11 or in item 16 of the IB-1?										
c. Were all appropriate forms used and attached?										
d. Was Item 17 signed by claimant?										
e. Was Item 20 signed by claimstaker?										
=====	==	==	==	==	==	==	==	==	==	==
11. TELECOMMUNICATION:										
a. Is the telecommunication date (shown at bottom of IB-1, Page 1) the same as date in Item A?										
b. Enter number of days from date in Item A to date telecommunicated.										
=====										

COMMENTS/NOTES

ANALYSIS OF INTERSTATE INITIAL CLAIMS
REOPEN CLAIMS ONLY
(Exclude new and additional claims)
FORM IB-1

Date: _____

Local Office: _____

Reviewer: _____

(Enter name & social security no.)										
=====										
=====										
(Enter name of liable State)=====										
=====										
=====										
1.	Was social security number verified?									
2.	a. Is mailing address shown in item 2									
	a P.O. box number?									
	b. If "yes", was a residence shown in									
	"remarks"?									
3.	Was appropriate information entered									
	in Item 8?									
4.	If entry in Item 8 indicates claimant									
	failed to report during the claims									
	series, was an IB-11 completed or									
	the FTR explained in Item 16?									
5.	If entry in Item 8 indicates that									
	claimant moved during the claim									
	series, was appropriate information									
	concerning the period of the move									
	provided to the liable State?									
6.	Does Item C liable State name and									
	FIPS Code agree?									
7.	Does Item E residence name and FIPS									
	Code agree with Item 3?									
8.	Does the effective date shown in									
	Item B reflect the information in									
	Items A and/or D?									
9.	Is the "Reason for backdating" shown									
	in Item D a Code 6?									
	a. If "Yes", was an explanation									
	provided in Item 16 or on an									
	IB-11?									
=====										

ANALYSIS OF INTERSTATE INITIAL CLAIMS
REOPEN CLAIMS ONLY
(Exclude new and additional claims)
FORM IB-1

Continuation

	1	2	3	4	5	6	7	8	9	10
=====	==	==	==	==	==	==	==	==	==	==
9. <u>Claimant Entitlement:</u> (Items 11 and 12)										
a. If Item 12 was answered "Yes", and the information required by the ICT Handbook has not been provided, was it provided?										
b. If Item 11 was marked "Yes", was the information required by liable State provided?										
10. Eligibility Requirements:										
a. If the response to any Item indicated an issue, was Item I properly coded and the issue explained on an IB-11 or in Item 16 of the IB-1?										
11. a. Was Item 17 signed by claimant?										
b. Was Item 20 signed by claimstaker?										
=====	==	==	==	==	==	==	==	==	==	==
12. TELECOMMUNICATION:										
a. Is the telecommunication date, at bottom of IB-1, page 1, the same as date in Item A?										
b. Enter number of days between the at bottom of IB-1, page 1, the date in Item A and the date telecommunicated.										
=====										

ANALYSIS OF INTERSTATE INITIAL - ELIGIBILITY REVIEW FORM
(Exclude forms completed for scheduled interview)
FORM IB-10

Date: _____

Local Office: _____

Reviewer: _____

(Enter name & social security number)										
=====										
=====										
Items 1 - 12										
1. Do the entries in items 1 and 2 agree with the information on the Form IB-1?										
2. a. Were all potential issues identified and a Form IB-11 completed?										
b. Was Form IB-10 signed and dated by the claimant?										
=====										
Item 13										
1. Was Item 13 completed by the local office?										
2. Was info provided in "Comments" or an IB-11 completed for all negative responses?										
=====										

**ANALYSIS OF CLAIMANT/EMPLOYER SEPARATION STATEMENT
(Form IB-3)**

Date: _____

Local Office: _____

Reviewer: _____

=====										
(Enter name & social security number)										
=====										
(Enter liable State Abbreviation)										
=====										
	1	2	3	4	5	6	7	8	9	10
=====										
1. Is liable State Option 1, 2, 3?										
2. Should this form have been used?										
=====										
3. CLAIMANT INFORMATION (Items 1-4):										
a. Does the info match the IB-1?										
b. Was the employer address complete?										
=====										
4. SEPARATION INFORMATION (Items 5-16):										
a. Was information requested by Items 6 - 11 provided?										
b. Was separation information provided as required by the liable State, including any additional information on a IB-11 or 11S (see IB Handbook)?										
c. Was IB-3 signed and dated by the claimant?										
=====										
CLAIMSTAKING INFORMATION (Item 17 thru "Notice to Employer"):										
a. Was mailing date (Item 17) same as date taken (Item A on IB-1)?										
b. Was Item 18 signed by L.O. staff?										
c. Were Items 19 & 20 completed?										
d. Was the information provided under "Notice to Employer" as required by the liable State?										
e. Was the return address of the appropriate liable State checked or entered?										
=====										

**ANALYSIS OF INTERSTATE SEPARATION FACTFINDING REPORT
FORM IB-11S**

Date: _____

Local Office _____

Reviewer: _____

(Enter name &
social security number)

(Enter liable State Abbreviation)

1. Should this form have been used?
2. Does the claimant identification match the IB-1?
3. Was information provided in Items 1-5?
4. Was the information provided in Items 6, 7, 8 and/or 10 as required by the liable State?
5. Was form signed and dated:
 - a. By claimant?
 - b. By claimstaker/adjudicator?

1	2	3	4	5	6	7	8	9	10	

COMMENTS/NOTES:

**AGENT - INTERSTATE ELIGIBILITY REVIEW PROGRAM
MANAGEMENT AND CONTROL**

Date: _____

Local Office: _____

Reviewer: _____

=====

YES

NO

- | | | |
|---|-------|-------|
| 1. Does local office conduct interviews when requested by liable State? | _____ | _____ |
| 2. Does the local office verify work search shown on IB-10? | _____ | _____ |
| 3. Is there a State policy that prohibits work search verification? | _____ | _____ |
| 4. Has the local office ER interviewer received ER training? | _____ | _____ |
| 5. Does the local office maintain a written schedule of Eligibility Review Interview appointments? | _____ | _____ |
| a. If "No", how are appointments scheduled? _____ | | |
| b. How does local office know when a claimant has failed to report for an interview? _____ | | |
| c. Does local office notify liable State of failures to report? _____ | | |
| d. If interviews are not scheduled within 10 days of request, is liable State notified of Appt. date? | _____ | _____ |

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COMMENTS:

=====

**ANALYSIS OF INTERSTATE ELIGIBILITY REVIEW INTERVIEW
FORMS IB-10 and IB-10A**

Date: _____

Local Office: _____

Reviewer: _____

(Enter name & social security number)										
(Enter liable State abbreviation)										
(Enter initials of interviewer)										
PREPARATION FOR INTERVIEW (Observation)										
1. Did Interviewer review claimant's file, including all prior IB-10s and related documents?										
Items 1 - 12 (Review IB-10 and related and related documents.)										
1. Were responses to all items clear, legible, and complete?										
2. a. Were all potential issues in Items 4 - 11 identified and a Form IB-11 completed?										
b. Was form signed and dated by the claimant?										
WORK SEARCH PLAN										
1. Were the following discussed and documented:										
a. Methods of seeking work?										
b. Boundaries of labor market area?										
c. Types of employers in area that employ individuals with claimant's skills?										
d. Prevailing wage in area for claimant's occupation?										
e. Existing labor market conditions?										
2. Was "work search plan" signed by claimant?										

ANALYSIS OF INTERSTATE ELIGIBILITY REVIEW INTERVIEW

Continuation

INSTRUCTIONS AND ADVICE PROVIDED	1	2	3	4	5	6	7	8	9	10
1. Were Items 1 - 6 completed?										
2. Was item 7 or an IB-11 completed for potential issue(s)?										
3. If a follow-up interview was scheduled by agent office, was it within 2 weeks of the present ERI date?										
4. Did interviewer obtain all information requested by the Form IB-10?										
5. Was the form signed and dated by the interviewer?										
WORK SEARCH VERIFICATION - Form IB-10A										
1. Were Items A - E completed?										
2. Did interviewer attempt to contact at least 2 employers and document the results?										
3. Was verification attempted in the presence of the claimant?										
4. Did Interviewer sign and dated form?										
COMMENTS/NOTES										

**ANALYSIS OF INTERSTATE REQUEST FOR RECONSIDERATION OF
MONETARY DETERMINATION/WAGE TRANSFER
FORM IB-14**

Date: _____

Local Office: _____

Reviewer: _____

(Enter name &
social security number)

	1	2	3	4	5	6	7	8	9	10
1. Were items 1 - 7 completed and legible?										
2. Was complete information provided in Items 8 or 9, as appropriate?										
3. Was proof provided to support information in Items 8/9 (i.e. W-2, check stubs, etc.)?										
4. If an additional employer was shown in item 9, was separation information provided as required?										
5. Was complete information provided in Item 12?										
6. Was form signed and dated:										
a. By claimant?										
b. By claimstaker/adjudicator?										

COMMENTS/NOTES:

**ANALYSIS OF NOTICE OF INTERSTATE APPEAL
FORM IB-101**

Local Office: _____

Date: _____

Reviewer: _____

(Enter name & social security number)										
(Enter liable State abbreviation)										
	1	2	3	4	5	6	7	8	9	10
1. Where Items 1 - 4 completed?										
2. Was the reason for appeal provided in Item 5, or an attachment?										
3. Was form or attachment signed by claimant?										
4. If liable State requires Request for Reconsideration before appeal, was appeal from a redetermination?										
5. Were Items 7 - 16 completed as appropriate?										

COMMENTS/NOTES:

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INTERSTATE LIABLE OFFICE REVIEW

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To determine the quality of the liable office's operation, review of records as indicated below is suggested:

1. First Payments. Review recent untimely first payments. Determine reason for late payment. Determine if controllable or uncontrollable by liable office.
2. Subsequent Payments. Review recent subsequent payments to determine if payments were authorized within 48 hours of receipt.
3. Payment Processing. Make a flow chart of first and subsequent payment processing. Note any bottlenecks or delaying procedures.
4. Initial Form IB-10. Review forms to determine if all issues were noted and adjudicated.
5. ER Interview - Forms IB-10, IB-10A, IB-10B. Review cases to determine if all issues were noted and adjudicated.
6. Form IB-13 - Memorandums/Electronic Messages. Review memos or messages for necessity, timeliness of preparation, length and content of message.
7. Transfers - Form IB-1, Additional or Reopen. Review initial claims which involve a transfer of a claim from the intrastate program to determine the timeliness of the transfer request.
8. Request for Redetermination (Monetary). Review cases involving a redetermination request (Form IB-14 or letter from claimant) to determine if request was handled properly and promptly.
9. Appeals. Review appeals cases (Form IB-101 or letter from claimant) to determine if appeals are processed to the appeals section within 48 hours of receipt.
10. Non-Monetary Determinations. Review determinations for timeliness of issuance and factual support of the determination.
11. Clerical Support Operation. Review clerical operations for promptness of filing, typing, and matching correspondence and documents. Note any bottlenecks.
12. Coordination With Other Support Sections. Review coordination with other supporting sections. Determine if liable claims, payments, wage investigations, appeals, etc. are handled with the same priority as intrastate.
13. Benefit Payment Control Program. Briefly describe the State's BPC procedures for interstate claims. (Does State participate in the Interstate Crossmatch and Claimant Locator? How are cases selected for matching and locator? Are all "Hits" investigated? If "no", how are cases selected for investigation?) Examine cases to determine promptness of investigation and collection actions.

INTERSTATE LIABLE OPERATIONS PERFORMANCE SCORING

Performance Review Area	No. Cases Reviewed	No. Cases Inadequate	Column 3 as a percent of Column 2	Performance Score (100%) minus Col.4
(1)	(2)	(3)	(4)	(5)
<u>FIRST PAYMENT PROMPTNESS</u>				
<u>INITIAL CLAIMS IB-1s</u>				
<u>FACTFINDING</u>				
<u>Clt/Emp Sep. Form IB-3</u>				
<u>Sep. FF Report, IB-11S</u>				
<u>FF Report, IB-11</u>				
<u>ELIGIBILITY REVIEW PROG</u>				
<u>INTERSTATE MESSAGES</u>				
<u>TELEPHONE INQUIRIES REDETERMINATION</u>				
<u>Form IB-14 CHANGE OF ADDRESS</u>				
<u>FORM IB-16 APPEALS</u>				
<u>IB-101 BENEFIT PAYMENT CONTROL</u>				
<u>CROSSMATCH HITS</u>				

Scoring Symbols:

Y = Yes
 N = No
 I = Illegible
 C = Not completed
 NA = Not applicable

COMMENTS/NOTES:

INTERSTATE LIABLE OFFICE EVALUATION
MANAGEMENT AND CONTROL

Date: _____

Reviewer: _____

=====

1. INTERSTATE HANDBOOKS:

a. Unemployment Compensation Claims Filed Under The Interstate Benefit
Payment Plan - ET Handbook 392:

(1) Is there a control log which indicates the number of the most recent handbook change filed in the Handbook? _____. If, "no", how does office identify missing handbook changes? _____

(2) How many Handbooks are available in the office? _____

(3) Do all Handbooks contain the most recent updates? _____

(4) Were all outdated pages removed from all Handbooks? _____

b. Handbook for Interstate Claimstaking:

(1) Is the liable State's section of the Handbook current (based on current laws and requirements)? _____

(2) Does the liable State's section conform to the required format and Order of Items? _____

(3) Does the office maintain a Handbook for reference? _____

(4) Is there a control which indicates the most recent transmittal filed in the Handbook? _____. Yes__ No__ If, "no", how does office identify missing transmittals? _____

(5) How many Handbooks are available in the office? _____

(6) Do all Handbooks contain the most recent pages transmitted? _____

(7) Were all outdated pages removed from all Handbooks? _____

c. Central Listing of Vessels:

Is the most recent issuance of the Maritime "Central Listing Of Vessels" readily accessible? Yes__ No__ If "no", How are problems with coverage handled? _____

d. Handbook for Interstate Overpayment Recovery:

(1) Does the office maintain a Handbook to determine which States will assist with overpayment recovery and what documents need to be forwarded with assistance request? Yes__ No__ If "No", how are cases handled? _____

INTERSTATE LIABLE OFFICE EVALUATION
MANAGEMENT AND CONTROL

Continuation

=====

d. Handbook for Interstate Overpayment Recovery - Cont'd:

(2) Is there a control which indicates the most recent transmittal filed in the Handbook? _____. Yes__ No__ If, "no", how does office identify missing transmittals? _____

(3) How many Handbooks are available in the office? _____

(4) Do all Handbooks contain the most recent pages transmitted? _____

(5) Were all outdated pages removed from all Handbooks? _____

2. INTERSTATE FORMS

Complete the following to determine if all forms in use by liable office are current and readily available:

Enter Current Date of
Form from form as shown
in ET Handbook 392

Current?

YES

NO

IB - 10A _____

IB - 8605 _____

IB - 8606 _____

=====

COMMENTS/NOTES:

INTERSTATE LIABLE OFFICE REVIEW

MANAGEMENT AND CONTROL

Date: _____

Reviewer: _____

=====

1. SUPERVISION

a. Does the liable office maintain:

- | | |
|---|------------|
| (1) Internal office procedures? (How to handle in office) | Yes__ No__ |
| (2) Flow Charts? | Yes__ No__ |
| (3) State operating procedures? (Covering State law) | Yes__ No__ |
| (4) Staffing Charts? | Yes__ No__ |

b. Is available equipment adequate for needs?(Phones, desk, etc) Yes__ No__
If "No", explain: _____

c. Have any cost saving equipment or procedures (staff or time) been introduced in the unit recently? Yes__ No__ If "Yes", describe. _____

d. Explain how the liable manager insures that performance adheres to procedural requirements, the law, and agency policy: _____

e. How is staff adjusted to changes in workload? Does the manager have the authority to increase or decrease staff? _____

f. Are earned and used, 1st payment performance, non-mon determination timeliness, etc., reports available to liable manager? Yes__ No__

g. Have employee performance and production standards been formalized? Yes__ No__

h. What type(s) of employee performance and production records are prepared and retained in office for consultation? _____

INTERSTATE LIABLE OFFICE REVIEW

MANAGEMENT AND CONTROL
(continuation)

=====

2. INTERSTATE STAFF TRAINING

a. Is formal training provided to interstate staff? Yes__ No__

(1) If "Yes", enter date of last liable training session: _____
and, describe training given: _____

(2) If "No", explain how new employees are trained in the law, policies,
and procedures, and how all employees are trained as changes
occur. _____

=====

COMMENTS/NOTES

=====

ANALYSIS OF INTERSTATE INITIAL CLAIM
(Form IB-1 - New and Transitional)

Date: _____

Reviewer: _____

=====										
(Enter name & social security no.)										
=====										
(Enter Abbr. of agent State)										
=====										
	1	2	3	4	5	6	7	8	9	10
=====										
1. Monetary Data:										
a. Does the most recent monetary determination consider response to Items 13?										
b. Based upon all available information:										
(1) Is this the appropriate liable State?										
(2) Is this the appropriate type of claim?										
c. Is the effective date of the claim shown on the monetary the same as the effective date shown on the IB-1 in Item B?										
(1) If "No", was an appealable determination issued?										
d. Was "Notice of Filing" or request for wage or separation information sent to all appropriate employers?										
=====										

ANALYSIS OF INTERSTATE INITIAL CLAIM
(Form IB-1 - New and Transitional)

Continuation

Date: _____

Reviewer: _____

	1	2	3	4	5	6	7	8	9	10
2. Claimant Entitlement - (Items 8, 9, 10, 11, 12, and 15):										
a. Did the response to any of the items listed above indicate a potential issue?										
b. If "Yes" above, was claim referred to an adjudicator for review?										
3. Claims Processing:										
a. If Item 14 was marked "Yes", was appropriate action taken?										
b. If Item 18 was marked "Yes", was an IB-4 sent to the appropriate State(s)?										
c. If Item 15 and 19 indicate UCPE wages, was Form ES-931 sent to the Federal agency?										
d. Was Item 17 signed and dated by the claimant?										
e. If no signature in Items 17 or 20 or accompanying documents, was appropriate action taken?										
4. <u>Adjudication:</u>										
a. Were all separation and non-separation issues identified and adjudicated?										
b. If adjudication resulted in a denial, was an appealable determination issued?										

COMMENTS/NOTES

FIRST PAYMENT PROMPTNESS

Date _____

Reviewer _____

WAGE RECORD STATE

(Enter name & social security number below)										
	1	2	3	4	5	6	7	8	9	10
1. Eff. date of claim										
2. Date claim taken										
3. Date claim rec'd										
4. Time lapse (2 to 3)										
5. Date monetary processed										
6. Time lapse (3 to 5)										
7. Date monetary mailed										
8. Time lapse (5 to 7)										
9. W/E date of 1st payment										
10. Date cont'd claim rec'd										
11. Date payment authorized										
12. Time lapse (10 to 11)										
13. Date payment mailed										
14. Time lapse (11 to 13)										
15. Time lapse (9 to 13)										
16. Agent State										

COMMENTS

=====

FIRST PAYMENT PROMPTNESS

Date _____

Reviewer _____

REQUEST REPORTING STATE

	(Enter name & social security number below)									
	1	2	3	4	5	6	7	8	9	10
1. Eff. date of claim										
2. Date claim taken										
3. Date claim received										
4. Date wage request mailed										
5. Time lapse (3 to 4)										
6. Date wage response received										
7. Time lapse (4 to 6)										
8. Date monetary processed										
9. Time lapse (6 to 8)										
10. Date monetary mailed										
11. W/E date of 1st payment										
12. Date cont'd claim rec'd										
13. Date payment authorized										
14. Time lapse (12 to 13)										
15. Date payment mailed										
16. Time lapse (13 to 15)										
17. Time lapse (11 to 15)										
18. Agent State										

**ANALYSIS OF INTERSTATE CLAIMS
CLAIMANT/EMPLOYER SEPARATION STATEMENT,
FORM IB-3**

Date: _____

Reviewer: _____

<p>=====</p> <p>(Enter name & social security no.)</p> <p>=====</p> <p>(Enter agent State abbreviation)</p> <p>=====</p> <p>1. If a Form IB-3 was not attached to the IB-1, did liable unit send a notice of filing or a request for separation information to the employer?</p> <p>2. If issue was indicated, was it referred to adjudication?</p> <p>3. If additional information or clarification was needed, was it requested:</p> <p style="padding-left: 40px;">(1) From the employer?</p> <p style="padding-left: 40px;">(2) From the claimant?</p> <p>4. Was telephone used to obtain additional information?</p> <p>5. If adjudication resulted in a denial or employer charges, was an appealable determination issued?</p> <p>=====</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td> </tr> <tr> <td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td> </tr> <tr> <td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td> </tr> <tr> <td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td> </tr> <tr> <td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td> </tr> <tr> <td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td> </tr> <tr> <td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td> </tr> <tr> <td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td> </tr> <tr> <td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td> </tr> <tr> <td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td><td style="height: 30px;"></td> </tr> </table>																																																																																																														

COMMENTS/NOTES:

=====

**ANALYSIS OF INTERSTATE SEPARATION
FACTFINDING REPORT, FORM IB-11S**

Date _____

Reviewer: _____

=====									
(Enter name & social security no.)									
=====									
(Enter agent State abbreviation)									
=====									
1	2	3	4	5	6	7	8	9	10
=====									
1. Did the Form IB-11S provide sufficient information upon which to base a determination?									
2. If "No", Was additional information requested?									
3. Did liable State use telephone to obtain necessary information?									
4. If adjudication resulted in a denial or employer charges, was an appealable determination issued?									
=====									

ANALYSIS OF BENEFITS RIGHTS INFORMATION
(Interstate Information Packet)

Date _____

Reviewer _____

=====

Obtain a claimant informational packet.

1. Does packet contain the following:

a. Claim filing procedures? Yes___ No___

b. Copy of claim form and completion instruction? Yes___ No___

c. Information covering State's policies and legal considerations that the claimant should know? Yes___ No___

d. Special requirements of the State? Yes___ No___

e. Benefit Rights Information? Yes___ No___

2. Is the packet computer generated and sent to the claimant upon receipt of telecommunicated IB-1 without IB staff intervention? Yes___ No___ If "Yes", please explain how and when mailed: _____

3. Is the packet manually generated immediately upon receipt of the telecommunicated IB-1? Yes___ No___ If "Yes ", please explain how and when mailed: _____

4. If "No", to questions 1 and 2, explain exactly how packet is produced and mailed to claimant. Include the amount of time it takes between the date of receipt of claim and date packet mailed. Explanation: _____

5. If packets are generated at the time of a monetary determination, are packets generated with ineligible monetary determinations? Yes___ No___ If "No", what and how is information and forms provided for use during the appeal period? _____

=====

ANALYSIS OF ELIGIBILITY REVIEW PROGRAM
(Forms IB-10 and IB-10A)

Date _____

Reviewer _____

(Enter name & social security no.)

1	2	3	4	5	6	7	8	9	10	

ELIGIBILITY REVIEW SCHEDULING PROCESS

(Review State's procedures for the IB-10 and the IB-10A)

1. On what percentage of weeks claimed are ER interviews scheduled?

Percent ERIs scheduled: _____ %

2. On what percentage of interviews scheduled is verification of work search requested?

Percent verification requested: _____ %

3. What criteria is used to select claimants for ERI?

4. Upon receipt of the Initial claims IB-10:

- a. Were all potential issue(s) on the IB-10 identified and resolved?
b. Were claimant's records flagged for ERI according to liable State's procedures?

5. Eligibility Review Interview:

- a. If documentation of ERI indicate an issue(s), was issue(s) resolved?
b. If the claimant returned Form IB-10A indicating a return to work, was the employer contacted to verify accuracy of return date?
c. If no response to Form IB-10A was received within 14 days, and there was no break in the claims series, was appropriate action taken?
d. Was follow-up interview scheduled according to agent State's recommendation?
e. If the agent State did not verify work search as requested, did the liable State follow-up?

PRE-EXHAUST AND PRE BENEFIT YEAR END NOTICES

Date _____

Reviewer _____

=====

1. Pre-Exhaust Notice

a. Does the State issue a Pre-Exhaustion Notice? Yes ___ No ___

(1) If "Yes", when balance reaches what amount?..... X WBA

b. Is Pre-Exhaustion Notice automatically computer generated? Yes ___ No ___

2. Pre-Benefit Year Ending Notice

a. Does the State issue a Pre-BYE Notice?..... Yes ___ No ___

(1) If "Yes", enter number of weeks before BYE. weeks

3. Review of Notices

If State uses the above notices, review each notice to determine if claim status information is clearly stated.

a. Is information provided on the Pre-Exhaust Notice clear? Yes ___ No ___

(1) If "No", explain. _____

b. Is information provided on the Pre-BYE Notice clear? Yes ___ No ___

(1) If "No", explain. _____

=====

COMMENT/NOTES:

TELEPHONE INQUIRIES

Date _____

Reviewer _____

- =====
1. How many separate or rollover telephone lines in the liable office are accessible through the telephone number provided to interstate claimants? ____
If it varies or if calls are not answered in the liable office, explain:

 2. Is the line(s) used to receive calls a direct line to the liable Unit (or unit that handles inquiries), or are calls transferred by switchboard operator? _____
 3. Enter the hours: From: _____ am/pm To: _____ am/pm. Number of days per week that incoming claimant calls are answered: _____.
 4. Are claimant information lines answered by: Person? ____ Answering Machine? ____
 5. If the person answering is unable to answer claimant's question, is the call directed to staff capable of responding to the inquiry? _____
 6. Are responses to claimant inquiries usually provided at the time of the incoming call? Yes ____ No ____
 - a. If "No", does State follow procedures to insure a response is provided within 24 hours? Yes ____ No ____
 7. Are telephone inquiries logged with inquiry and response date? Yes ____ No ____
 - a. If "Yes", obtain the log(s) for the date one week prior to today's date and complete the following:

Number of calls received: _____. Number of no response within 24 hours: _____
 8. OBSERVE 5 incoming calls and complete the following:
 - a. Subject of call: _____

Response provided was clear, concise and understandable: Yes ____ No ____

In compliance with State's Privacy Act requirements: Yes ____ No ____
 - b. Subject of call: _____

Response provided was clear, concise and understandable: Yes ____ No ____

In compliance with State's Privacy Act requirements: Yes ____ No ____

TELEPHONE INQUIRIES

continuation

=====

c. Subject of call: _____

Response provided was clear, concise and understandable: Yes ____ No ____

In compliance with State's Privacy Act requirements: Yes ____ No ____

d. Subject of call: _____

Response provided was clear, concise and understandable: Yes ____ No ____

In compliance with State's Privacy Act requirements: Yes ____ No ____

e. Subject of call: _____

Response provided was clear, concise and understandable: Yes ____ No ____

In compliance with State's Privacy Act requirements: Yes ____ No ____

=====

COMMENTS/NOTES:

REQUEST FOR RECONSIDERATION
MONETARY DETERMINATION/WAGE CREDIT TRANSFERS
(Form IB-14/Claimant letter)

Date _____

Reviewer _____

(Enter social security no.)

	1	2	3	4	5	6	7	8	9	10
1. Enter date request received.										
2. Enter date of response, redet or appealable determination.										
3. Enter number of lapse days from items 1 to 2.										
4. Was request responded to or referred to proper unit for action within 48 hours of receipt?										
5. Was appropriate action taken on request?										
6. If a redetermined monetary or an appealable determination was not issued, was request further processed as an appeal?										

COMMENTS/NOTES

Date _____

Reviewer_____

[illegible]

- [illegible]

=====

INTERSTATE APPEALS
(IB-101/Request for Reconsideration)

Date _____

Reviewer _____

=====

1. Does State require request for reconsideration before appeal? Yes__ No__

=====

(Enter name & social security no.)

2. Enter date protest received.

3. Enter date redetermination issued.

4. Enter number of days between date protest received and the date redetermination issued.

5. If no redetermination was issued, was request for reconsideration processed as an appeal?

6. If redetermination issued, enter date subsequent protest received.

7. Enter date appeal documents forwarded to Appeals Unit.

8. Enter number of days between item 2 or 6 and 7, as appropriate.

9. Enter date Appeals decision issued.

10. Enter number of days between item 2 or 6 and 10, as appropriate.

=====

COMMENTS/NOTES:

INTERSTATE APPEALS

Date _____

Reviewer _____

1. Review MA 5-130 to determine if the Standard For Appeals Promptness was met for lower authority decisions issued for the 6-month period immediately preceding the month of evaluation (Column 17, line 400, 410, & 420):

60% within 30 days Yes___No___
80% within 45 days Yes___No___

Complete the following information for the 6-month period immediately preceding the month of the evaluation. If State met Standard during prior 6-month period, no further evaluation is necessary.

	<u>Total Cases</u>	<u>Number of Interstate</u>	<u>Number of Intrastate</u>	<u>Interstate Percentage</u>
30 Days	_____	_____	_____	_____
45 Days	_____	_____	_____	_____

=====

COMMENTS/NOTES

INTERSTATE BENEFIT PAYMENT CONTROL

Date: _____

Reviewer: _____

=====

	<u>Intrastate</u>		<u>Interstate</u>	
	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
1. Has the State implemented PL 99-272?	_____	_____	_____	_____
a. For interstate offset?			_____	_____
b. For interstate cross-programs?			_____	_____
c. If "No", is legislation required?			_____	_____
d. If "Yes" to 'c' above, has SESA proposed legislation?			_____	_____
e. Has the State identified specific staff to handle activities relating to interstate offsets?			_____	_____
2. <u>Interstate Crossmatch</u> (Wage and Benefit)				
a. As a requesting State:				
(1) Did State participate in most recent crossmatch?			_____	_____
(2) Did State duplicate any crossmatch request to States bordering claimant's agent State?			_____	_____
(3) What criteria did State use to select records for crossmatch (# of weeks/amt. of earnings)? (Describe):				

(4) Did State broadcast all or some crossmatch records?			_____	_____
(5) If "Yes" to "(4)", what criteria was used to select records for broadcast?				
Describe: _____				

=====

INTERSTATE BENEFIT PAYMENT CONTROL

Continuation

=====

(6) Did you receive "hits" that did not conform to request (i.e., wages for wrong quarter, wages reported less than parameter set in request, etc.)? _____

(7) If "yes" to "(6)", what action did State take? Describe _____

b. Did the State use Internet transmission for:

(1) Request records? _____

(2) Response records? _____

c. As a responding State:

(1) Did you comply with the parameters defining "hits" set by each requesting State? _____

(2) Were crossmatch requests matched with both wage and benefit files? _____

3. Interstate Locator (Outstanding overpayments)

a. Did State participate in most recent interstate locator match? _____

b. What criteria did State use to select cases for locator request? (Describe) _____

c. What criteria was used to limit the number of cases included in the locator request?(Describe) _____

d. When "hits" are received, what action does the State take? (Describe): _____

e. Were locator request matched with both wage and benefit files? _____

f. Did response data conform to the prescribed format? _____

=====

INTERSTATE BENEFIT PAYMENT CONTROL

Continuation

Date _____

Reviewer _____

SSA NUMBER	AGENT STATE	"HIT" STATE	ACTION TAKEN
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

COMMENTS